



Keahiakawelo—
ka lāma o Lānaʻi

**LĀNAʻI CULTURE & HERITAGE CENTER AND PARTNERS
E ʻIKE HOU IĀ LĀNAʻI “TO KNOW LĀNAʻI ONCE AGAIN”
2019 CULTURAL LITERACY PROGRAM APPLICATION
June 10-21, 2019**

**Please complete this application form and return to the
Lānaʻi Culture & Heritage Center or scan to shelly@lanaichc.org
by Friday May 17, 2019
(early submittals receive first preference)**

STUDENT INFORMATION

Name _____ Preferred Name _____
Last First Middle

Gender: Female ___ Male ___ Date of Birth ___/___/___ Current Grade (2019-2020) _____

G.P.A. (most recent) _____ Shirt Size _____

Mailing Address _____
Street/PO Box City State Zip Code

Student's Phone _____ Student's Email _____

FAMILY INFORMATION (for students under the age of 18)

Head of Household/Guardian's Name _____

Relation to Applicant _____ Home Phone _____

Work Phone _____ Cell Phone _____

Email _____

Additional Emergency Contacts

1) Name _____ Relation to Applicant _____

Home Phone _____ Work Phone _____ Cell _____

2) Name _____ Relation to Applicant _____

Home Phone _____ Work Phone _____ Cell _____

MEDICAL INFORMATION

Please fill out below and attach a copy of your medical card with the subscriber name and membership number of your medical insurance.

Subscriber Name: _____ Medical Plan: _____

Membership Plan # _____ Family Doctor: _____

Please list all medication your child is presently taking.

Medicine	Illness
_____	_____
_____	_____

Lānaʻi Culture & Heritage Center will not dispense any medication to your child, including aspirins and medicine. Your child must bring his or her own medication in clearly labeled containers. During the program, be sure your child has enough medication to last during the session.

Please list any allergies you or your child may have. _____

Please list any challenges you have which may prevent you from participating in activities.

APPLICANT QUESTIONNAIRE

1. Can you commit to the full two-week course (June 10-21, 2019)?
Note, preference will be given to students who can attend the program in full.
2. Can you swim? How comfortable are you in the ocean? Explain.
3. In a few paragraphs, describe in detail why do you want to be part of E ʻIke Hou Iā Lānaʻi?
Please note that how you answer may help determine your eligibility for the program.

STUDENT COMMITMENT

I, _____, would like to be part of the E ʻIke Hou Iā Lānaʻi 2019 Cultural Literacy Program and take up the responsibility to care for the land and our history and to learn from the good examples of my teachers and our kūpuna.

Student Signature _____ Date _____

PARENT APPROVAL (for students under the age of 18)

I, _____, parent/guardian of _____, release Lānaʻi Culture & Heritage Center, Lānaʻi High & Elementary School, and all staff members, volunteers, and organizations connected with the E ʻIke Hou Cultural Literacy Program from any claim for damages, liability, injury, expense, or loss on account of negligence that may occur while my child is attending E ʻIke Hou Iā Lānaʻi Programs. In case of accident or need of medical attention, I give permission to Lānaʻi Culture & Heritage Center staff to take my/our student to a doctor, dentist, and/or emergency medical facility if unable to contact anyone listed. I give permission for my child to participate in field trips associated with the program and for Lānaʻi Culture & Heritage Center to transport my child in a non-school approved vehicle as they deem necessary.

Parent/Guardian Signature _____